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Attorney Docket No. 5573-124

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Whittle et al.
Serial No.: 09/648,490
Filed: August 25, 2000
For: *FT-Raman Spectroscopic Measurement*

Confirmation No.: 5616
Group Art Unit: 1614
Examiner: Kwon

Date: March 28, 2005

Submittal of:

RCE Transmittal (1 page)

Copy of Amendment Transmittal as Submitted on February 18, 2005 (2 pages)

Copy of Amendment as Submitted on February 18, 2005 (6 pages)

Copy of Terminal Disclaimer w/ copy of Assignment as Submitted on February 18, 2005 (7 pages)

**RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 1614**

Attorney Docket No. 5573-124

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Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

- ☐ Applicant claims small entity status. See 37 CFR §1.27.
☒ No additional fee is required.
☒ The fee has been calculated as shown below:


| (COL. 1) | | (COL. 2) | (COL. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|---|---|---|------------------|----------------------|---------------|------------------------------|---------------|
| | Claims Remaining After Amendment | Highest Number Previously Paid For | Present Extra | RATE | ADDIT. FEE | OR RATE | ADDIT. FEE |
| Total | 4 | 20 | = 0 | x 25= | \$ | x 50= | \$ 0.00 |
| Indep | 2 | 3 | = 0 | x100= | \$ | x200= | \$ 0.00 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | +180= | \$ | +360= | \$ |
| | | | | Total Add. Fee \$ | | OR Total | \$0.00 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Attorney Docket No.: 5573-124
Application No.: 09/648,490
Filed: August 25, 2000
Page 2

- ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____ for _____.
- ☐ A check in the amount \$ _____ to cover _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge the appropriate fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220.

Respectfully submitted,


Jarett K. Abramson
Registration No. 47,376

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Karle A. Chung